REST AVAILABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I						•		SMALL ENTITY			OTHER	THAN
TOTAL OLGEN			(Column 1)		(Column 2)			TYPE		OR	SMALL	
TOTAL CLAIMS			17					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			7 minus 20=		*			X\$ 9=		OR	X\$18=	
INDI	EPENDENT CL	AIMS	<u> う minus 3 =</u>		•			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	<u> </u>	TOTAL		OR	TOTAL	7/0
	CI	LAIMS AS A	MENDED	- PAR	T II					•	OTHER	THAN
(Column 1)					(Column 2) (Column 3)			SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A	_	CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	Minus +++ ENTATION OF MULTIPLE DEPENDEN		T CLAIM	=		X40=		OR	X80=		
	FIRST PRESE	NIATION OF M	JLIIPLE DEF	PENDEN	I CLAIM			+135=		OR	+270=	
								TOTAL		OR	TOTAL	
	(Column 1) (Column 2) (Column 3)							ODIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING	and the state of t	HIG	TEST MBER	PRESENT			ADDI-	1		ADDI-
		AFTER AMENDMENT		PREVI	OUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL AINA	=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM			+135=		OR	+270=	
								TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FEE			ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	HEST MBER OUSLY FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	ï
	Ind pendent	*	Minus	***		=	-	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDEN				T CLAIM		▎┝					
	If the entry in colu	ımn 1 is lees than t	he entry in colu	ımn 2 wrii	te "0" in ∽	olumn 3.	Ŀ	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	mber Previously Pa	aid For" (Total o	r Independ	dent) is the	e highest numbe	r found	d in the app	propriate bo	x in co	lumn 1.	